PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Decket Number 10/500981

Effective October 1, 2003								10/500981					
		CLAIMS A	S FILED	- PART	1		SMA	LLE	NTITY		OTHE	D. Turan	
╟╤	OTAL CLAIM	C	(Column 1)		(Column 2)			TYPE		OF	SMALL	OTHER THAN SMALL ENTITY	
<u> </u> _	OTAL CLAIM			<u> </u>			RATE FEE		7	RATE	FEE		
_	OR	NUMBER FILED		NUMBER EXTRA		BASI	BASIC FEE		OF	BASIC FE	920		
TOTAL CHARGEABLE CLAIMS			24 minus 20=		. 4		. xs	9=		OR	X\$16=	72	
-	DEPENDENT (2 minus 3 =				- X4	3=		OR	You	12		
M	ULTIPLE DEPE	NDENT CLAIM F	RESENT	RESENT			+14	5=	-			 	
• 1	I the differenc	e in column 1 is	less than zero, enter "0" in column 2			TO1	_	-	OR OR	<u> </u>	99 7		
	7-2-04 CLAIMS AS AMENDED - PART II								L	,	OTHER	1 <u>//~</u>	
(Column 1) (Column 2) (Co						(Column 3)	SMA	LL	ENTITY	·OR	SMALL		
AMENDMENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA	RAT	Œ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24	Minus	~ 2	4	.	XS	9=		OR	XS18=		
	Independent	ENTATION OF ME	Minus.				X43	s ·		OR	X86=		
	FIRST PRESENTATION OF MULTIPL			THE DEPENDENT CLAIM			+145	;=		OR	+290=		
		•					-	TAL		OR	TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	ADDIT. I	FEE	}		ADDIT. FEE	P	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus				X\$ 9	=		OR	X\$18=		
	Independent FIRST PRESE	NTATION OF MU	Minus	PENDENT	CI A184	-	X43	-		OR:	X86=		
!			CHIPCE DE	ENDENT	CONIN		+145	=		OR	+290=	٠	
							. TOT	AL		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	n 2)	(Column 3)				•			
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA	RATE		ADDI- NONAL FEE		RATE	ADDI- TIONAL FEE	
	Țotal		Minus	**			X\$ 9:	.		OR	X\$18=		
	Independent		Minus	***		Ε .	X43=	+		ŀ	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+		OR	-,,002		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE		
. T	he 'Highest Num	ber Previously Paid	For (Total or	Independen	i) is the	highest number	lound in the	appo	opriale box	ın colu	ıma 1.		

FORM PTO-875 (Rev 10:03)

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